**Accessibility Services Center**

**Exam Request Form**

The Accessibility Services Center (ASC) provides alternative exam arrangements for students who have documented disabilities. It is the student’s responsibility to have this form completed and returned to our office (**lower level of Monocacy Hall**) at least ***ONE WEEK*** prior to the exam date and ***TWO WEEKS*** prior to mid-term and final exams.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TO BE COMPLETED BY THE STUDENT** | | | | |
| **Student Name**: |  |  | **Today’s Date**: |  |
| **Student Phone**: |  |  | **Student Email**: |  |

|  |  |
| --- | --- |
| **Accommodations Needed**: Check all that apply to you. | |
| Distraction-Reduced Environment | Use of a Spell Checker |
| Scribe (writer) | Word Processor |
| Reader: audio recorder or Kurzweil | Large Print (16-point font or larger) |
| Use of a Calculator | Extended Time |
| Assistive Technology/Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Professor’s Name**: |  |  | **Course Name & No.**: |  |

**List all tests and quiz dates here**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Exam Time**: \_\_\_\_\_\_\_\_\_\_\_\_

**Do you plan to take your final exam in the Accessibility Services Center?**  Yes  No

**Final Exam Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to comply with all Accessibility Services Center policies and procedures and the College’s academic integrity standards.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **TO BE COMPLETED BY THE PROFESSOR** |

How much time does the class have to complete **Quizzes**: \_\_\_\_\_\_\_\_\_ **Tests**: \_\_\_\_\_\_\_\_\_\_\_\_ **Final**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_?

|  |  |  |  |
| --- | --- | --- | --- |
| **Uncompleted exam(s) will be**: | **Completed exam(s) will be**: | **Students May Use the Following**: | |
| Hand delivered to the ASC. | Picked up at the ASC. | Textbook  Notes | Scratch Paper  Dictionary |
| Sent via email to [ASC@moravian.edu](mailto:aasc@moravian.edu). | Scanned and emailed to me and original sent through campus mail. | Blue Book  Scantron | Standard Calculator  Graphing Calculator |
| Faxed to 610-625-7877. | Sent through the internet. | Equation Sheet-Student provided | Student’s Computer  ASC’s Computer |
| On the internet/computer. |  | Equation Sheet-  Faculty provided | ***May not use any materials during the exam*** |

**Testing Schedule Conflicts**:

Our testing hours are from 8:30 a.m. to 4:30 p.m. Monday-Friday. If the student has another class or exam that conflicts with your preferred test time, we may have to administer your test at an alternate time and/or date. In this event, would you prefer that the student take the test  **earlier**,  **later**, or  **whenever we have space available**?

**Contact Information**:

If the student has a question that requires clarification during the exam, you must be available via phone and/or email.

Please contact me by **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and/or **Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Students are not allowed to ask questions during the test.

Professor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_